

Block-by-Block
TRAVEL CLAIM LIQUIDATION

Date: 05 Oct 2005

From: PSD NAVAL STATION NORFOLK

To: EACH EVACUATED MEMBER

Subj: **Help Sheet For Hurricane KATRINA Evacuation Travel Claim Guidance**

TOP of CLAIM : Please hand write in the top left of the 1351-2 "MEMBER" or "DEPENDENT" Travel Claim. On the top right, write "**Settlement**" if you have completed travel back at duty station , or "**Partial**", partial meaning that the member or dependent is still entitled to evacuation allowance.

1. Payment/ Split Disbursement – Select EFT. Personnel using Government Travel Card (GTCC) must mark the split disbursement block and provide the amount to be paid to the credit card.

2. Name – Last, First, Middle Initial (**Members name on his/her claim, spouse's name on their claim. If only dependent is a child put members name**)

3. Grade – MEMBERS Grade (PN1/E6, GS6)

4. SSN – 123-45-6789 (**MUST BE SERVICE MEMBES or CIVILAIN EMPLOYEES ONLY, NOT DEPENDENTS**)

5. Type of Payment – Select TDY

6a. Address – Current Safe Haven Address , Not Command Address

6b. City - Current Safe Haven City

6c. State - Current Safe Haven State

6d. Zip Code - Depends on your individual location

6e. Email Address – Joe.schmoe@navy.mil (please make sure it can receive attachments)

7. Daytime Phone Number – (817) 782-6427 (PLR Office if you have no phone)

8. Travel Order Authorization Number – Get from top right corner of each set of orders

9. Previous Government Payments/Advances - \$0.00 for first claim, unless an advance was received. Subsequent claims must provide exact dollar amounts from previous liquated claims (**GO TO <https://psanet.psalant.navy.mil/tpc/traveltrack.asp> to print out voucher(s) and keep track of all payments received for this set of orders**)

9a. Keep track of payments received on these orders as well as all receipts of all pertinent expenses in the event some or all are found to be reimbursable now or at a later date.

NAVADMIN 227/05 Paragraph C 4

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10. FOR D.O. USE ONLY

11. Organization and Station – Your command and location

12. Dependent(s) – Select Accompanied or Unaccompanied. Do not list dependents on the Active Duty MEMBER claim. Prepare a separate DD Form 1351-2 with Active Duty Member name and information in blocks 2-11. Fill in Family Member information inclusive of DOB and/or DOM.

13. Dependents' Address on Receipt of Orders–

ADDRESS FROM WHICH YOUR DEPENDENTS EVACUATED

14. Have Household goods been shipped? N/A for this Trvl Claim

15. Itinerary (example)

a. Date <u>2005</u>	b. Place (Home, Office, Base, Activity, City and State; City and Country etc.)	c. Means/ Mode of Trvl	d. Reason For Stop	e. Lodging Cost	f. POC Miles
8/27	(DEP) Home, Belle Chasse LA	PA			
8/27	(ARR) Atlanta, GA		AD		
9/5	(DEP)	PA			
9/5	(ARR) Fort Worth TX		TD		

Symbols

15c. Mode of Travel: PA-Private Auto, CP-Commercial Plane, CA-Commercial Auto, CB-Commercial Bus, and CR-Commercial Rail

15d. Reason for Stop: AD-Authorized Delay, TD-Temporary Duty and MC-Mission Complete

16. POC Travel – This block is used in conjunction with the code you used in 15c (generally you will check "own/operate".) **TWO VEHICLES:** Provide Make, Model, and License Plate number if you are claiming two separate vehicles, one on your claim and another for your dependent's claim. List license plate number, make and model in unused itinerary blocks or in 'computation block d'.

17. Duration of TDY Travel – Must Check and Select more than 24 hours.

18. Reimbursable Expenses **(Corporate Apartment/All inclusive)** Refer JFTR U4131

a. Date	b. Nature of Expense	c. Amount	d. Allowed
9/30	Rent	1600.00	

Example: Living Expenses \$1600.00
 Divide by # of days in the month / 30
 Total \$ 53.33 (daily reimbursement)

18. Reimbursable Expenses **(Rental Apt / Home with separate expenses)**

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a. Date	b. Nature of Expense	c. Amount	d. Allowed
9/30	Rent	808.00	
9/30	Furniture Rental (Does not include Rent to Buy)	270.00	
9/30	Utilities (Connection/Use)	80.00	
9/30	Cable (Basic User Fees)	50.00	
9/30	Telephone (Basic Fees, NOT unofficial long distance calls)	50.00	

Separate expenses cannot exceed the daily lodging amount for the area in which assigned. Living expenses will be liquidated in the following manner:

Example: Living Expenses	\$1258.00
Divide by # of days in the month	<u>30</u>
Total	\$ 41.93 (daily reimbursement)

*** Reimbursable expenses cannot exceed the daily allocations outlined on the per diem rate table (<https://secureapp2.hqda.pentagon.mil/perdiem/perdiemrates.html>).**

19. Meals – DO NOT USE

20. Signatures and Date –Members signature on his/her claim, Mbr or Spouse can sign the Depn Claim. If only dependent is a child, member must sign.

21. Approving Official Signature is REQUIRED on Mbr or Civilian Employee Travel Claim.
AO Signature is not required on Dependent claims.

ADDITIONAL INFORMATION

1. Per Diem Allowance Payable; NAVADMIN 227/05 REFERS: Military Dependents in an evacuation status are authorized per diem allowances for 60 consecutive days without reduction (see below) beginning on the date the dependents arrive at the safe haven. **ONLY DEPENDENTS VERIFIED FROM PAGE-2 OR DEERS** are authorized per diem. Dependents age 12 and older are authorized the full per diem amount, while those under age 12 are authorized not to exceed 50 percent of the per diem rate prescribed for the area concerned.

PER LATEST EVACUATION ALLOWANCE NUMBER E05001 DTD 19 SEP

After the **60-consecutive-day period expires**, and unless otherwise authorized/approved in a determination issued by PDTATAC, the per diem allowance rate is computed at:

- a. 60% of the per diem rate prescribed in for the area for dependents age 12 and older, and
- b. 50% of the per diem rate prescribed in for the area for dependents under age 12.